Appendix A

Appendix A contains the sections which pertain to the Client Face Sheet for the Nursing Facility version of the LOCET.

Department of Health & Hospitals, Office of Aging & Adult Services

PART 3 LOCET User Manual for Nursing Facility Personnel

PART 3

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Sections 3.2.4. and 3.4. appear only in the OAAS version of this publication.

3.0. The Client Face Sheet - Instructions for Nursing Facilities

3.1. General Information about the Client Face Sheet

OAAS began using the system data base to house all demographic information regarding applicants in the late 1990s. Since then, various groups of recipients have been added to this data base. With the inclusion of Nursing Facility admission applicants on 12/01/2006 OAAS now houses information regarding all recipients of LT-PCS, ADHC waiver, EDA waiver and Nursing Facility services in the system data base.

The pivotal document in the data base for each applicant / recipient is the Client Face Sheet. The Client Face Sheet contains the demographic information necessary for identification of and contact with the individual.

A rule of thumb regarding contact and demographic information of the recipient:

The Client Face Sheet should contain the most current and accurate information regarding client demographics.

A detailed discussion of proper completion of each item on the Client Face Sheet follows immediately.

3.2. Completion of the Client Face Sheet for a new applicant

All applicants for Long Term Care Services must have a Client Face Sheet in the system. Since LOCET is the first step toward eligibility for all Long Term Care Programs, most Client Face Sheets will be completed at the time of the first LOCET.

The following sections give specific instructions for the completion of a new Client Face Sheet for a LOCET applicant.

Louisiana DHH Nursing Facility <u>Client Face Sheet for LOCET pp. 1-3</u>
<u>Level of Care Eligibility Tool for Nursing Facilities pp. 4-11</u>
Hardcopy version is for use in Nursing Facility Admission Process.

3.2.1. Name and ID Numbers

- 1. **Name of Client:** Enter the name of applicant as indicated.
- 2. **Case record Number:** This field is not used for Nursing Facility LOCETs.

LLai	-	ору	version is for use in routing facility framission from
	1	Chent	a. (Lass Family Name) b. (First Name) c. (Middle)
	2	Cose record No.	Do Not Use This Field
	3	meric Identifiers	a. Social Security Number b. Medicaid Number ("1" if pending, "0" if none)

- 3. Numeric Identifiers: a. Enter Social Security Number of Applicant
- b. **Medicaid Number** Enter Medicaid Number here if applicant has one. If the applicant has applied for Medicaid and the financial eligibility determination is still pending, enter a "1" in this field. Enter "0" if the applicant is not a Medicaid recipient or applicant.
- c. **Private Insurance Number** Enter Private Insurance number here if applicant has a private insurer. The name of the private insurer may also be abbreviated and entered here in the blocks. Leave blank if none.
- d. **Veterans' Admin (VA) Number** Enter the VA number here if the applicant has one.

Veteran's Administration Number Medicare Number (or comparable saliroad insurance number for CCN					ΙI		l						- 1		
		d. Veteran's Administration Number													
	П						Г	Т	Т	Т	Т	Т	Т	П	Г
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e. Medicare Number (or Comparable Railroad Insurance Number):

Remember that a Medicare Number has nine numeric digits and an alpha suffix or an alphanumeric suffix.

f. Card Control Number (CCN)

The Card Control Number is the 16-digit number found on the applicant's Medicaid card.

3.2.2. Assign Organizational Levels Responsible for Client

1. **First Level:** <u>Program Name / Service:</u> This field is pre-filled on the LOCET Hardcopy for Nursing Facilities. The entry here will always be "zero."

2. Second Level: Region Number: Enter the DHH Administrative Region (number) where the

applicant resides. If the applicant is entering a Nursing Facility, the region number of the Nursing Facility will be entered here. See DHH Regions Table at the end of this section.

3. **Third Level:** <u>Case Management / Program Agency:</u> This level will be not be used for Nursing Facility submissions.

1			
1	First Lavel	Program Name Service 0. Unassigned at this time	0
2	Second	DHH Region Number	
3	Third	Case Management Program Agency	Reserved for other use
4	Fourt h	MDS-HC Assessor	Reserved for other use
3	Fifth Lavel	Where Interview Conducted: 1. Home 5. PACE 2. Nursing Home 6. ADHC 3. Hospital 7. ARCP 4. ICFIDD 8. Telephone	

4. Fourth Level: MDS-HC Assessor:

This level will be not be used for Nursing Facility submissions.

5. **Fifth Level:** Where Interview Conducted: Enter appropriate choice for location of LOCET interview. Choose "8" for "Telephone" if the LOCET is to be conducted by telephone interview.

3.2.3. Personal Information

1. Gender: Enter 1 if male, 2 if female.

2. **Birthdate:** Enter applicant's 8-digit birthdate as indicated.

3. Race / Ethnicity: Answer no or yes for each item, a through f. Use 0 for no, 1 for yes.

4. Marital Status: Make appropriate Selection.

5. **Language:** Enter number which represents applicant's primary language.

6. **Education** (Highest Level Completed): Indicate highest level of applicant's education.

1	Gender	1. Maie 2. Female	
2	Birth date	Y Y Y Y M M D D	
3	VicionTace/Educity	0. No 1 Yes (Anower All)	
4	Married States	Never Married 3. Widowed 5. Divorced Married 4. Separated 6. Other	
5	Langrage	Primary Language 0. English 1. Spanish 2. French 3. Other	
6	Elucation (Highest Level Completed)	1. No Schooling 5. Technical or Trade School 2. 8* grade or less 6. Some College 3. 9 - 11 grades 7. Bachelor's Degree 4. High School 8. Graduate Degree	
7	Responsibility / Advanced Directives	(Code for responsibility / advanced directives) 0. No 1. Yes a. Client has a legal guardian b. Client has advanced medical directives in place. (for example, a do not hospitalize ordes)	

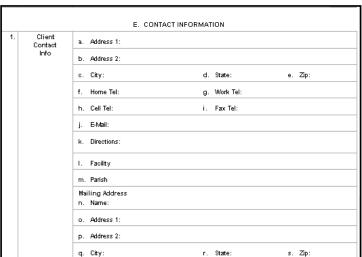
7. Responsibility / Advanced Directives

- a. **Client has a legal guardian**: Indicate yes or no (1 or 0, respectively) for this item. Remember that a legal guardian is a court-appointed guardian for an individual. A legal guardian and a personal representative are not the same.
- b. Client has advanced medical directives in place. (for example, a do not hospitalize order): Indicate yes or no (1 or 0, respectively) for this item.

3.2.5. Contact Information:

All phone /fax numbers must be in 10-digit format, separated by dashes, as shown here: xxx-xxx-xxxx.

All e-mail addresses must display proper format. Example: name@ domain.com



7.2.5.1. Client Contact Info:

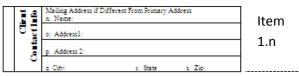
 $\textbf{Items a. through k.} \ \textbf{Complete fully, indicating } \underline{\textbf{the applicant's home address}} \ \textbf{and other contact}$

information. The <u>applicant's home address</u> must be entered here even if he/she is entering (or has entered) a Nursing Facility.

Item 1.l: The name of the Nursing Facility the applicant is entering will be entered in 1.l.

Item 1.m: The parish where the Nursing Facility is

located will be entered in Item 1.m.



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Office of Aging & Adult Services
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All prior versions are obsolete
Appendix A

2	E get	a. Name		
Ш	Emergency Contact Info	b. Address 1:		
Ш	EC.	c. Address 2:		
	2	d City:	e. State	f. Zip:
	Ē	g. Home Tel:	h. Work Te	st:
		i. Pager Tel:	j. Fax Tel:	
3	å	a. Name		
		b. Address 1: (Mailing Address)		
	Physician Contact Info	c. Address 2:		
	Ē	d City:	e. State	f. Zip:
	ž.	g. Home Tel:	h. Work Te	d:
	Δ.	i. Pager Tel:	j. Fax Tel:	
		k. E-mail:		

through 1.s: Enter the client's mailing address in these items only if it is different from the home address shown in Items 1.a. through 1.k. If the mailing address is the same as Items 1.a. through 1.k., leave Items 1.n through 1.s blank. Do not enter "Same" or "Same as above" or anything else in these items.

7.2.5.2. Emergency Contact Info:

Complete in entirety (a. through j.) for the applicant's emergency contact.

7.2.5.3. Physician Contact Info:

The applicant's primary physician's contact information will be recorded in this section (items a. through k.)

7.2.5.4. Other Contact:

If an applicant has an additional contact person other than the emergency contact person shown in item 2.a through 2.j, OR, if the applicant has a personal representative, tutor, curator, power of attorney or other specially-designated contact, his/her information must be included in Item 4.a. through 4.k. This contact's designation (personal representative, tutor, curator,

power of attorney or other) must be selected in Item 4. using the numeric indicators shown. Leave this item blank if there is no speciallydesignated contact.

Other Contact Info	Type of Other Contact 1. Personal Representative 2. Tutor 3. Curator	Power of Attorney Other (specify):
Cont	a. Name: b. Address l:	
O	c. Address 2:	
	d City:	e. State f. Zip:
	g. Home Tel:	h. Work Tel:
	i. Pager Tel:	j. Fax Tel:
	k. E-mail:	

3.5. Louisiana DHH Regions

(Find the parish in which the applicant resides on the table below; note the designated DHH Region that corresponds with the parish in "B.2. of Client Face Sheet.)

Parish	DHH Region	Parish	DHH Region
Acadia	4	Madison	8
Allen	5	Morehouse	8
Ascension	2	Natchitoches	7
Assumption	3	Orleans	1
Avoyelles	6	Ouachita	8
Beauregard	5	Plaquemines	1
Bienville	7	Pointe Coupee	2
Bossier	7	Rapides	6
Caddo	7	Red River	7
Calcasieu	5	Richland	8
Caldwell	8	Sabine	7
Cameron	5	St. Bernard	1
Catahoula	6	St. Charles	3
Claiborne	7	St. Helena	9
Concordia	6	St. James	3
DeSoto	7	St. John the Baptist	3
East Baton Rouge	2	St. Landry	4
East Carroll	8	St. Martin	4
East Feliciana	2	St. Mary	3
Evangeline	4	St. Tammany	9
Franklin	8	Tangipahoa	9
Grant	6	Tensas	8
Iberia	4	Terrebonne	3
Iberville	2	Union	8
Jackson	8	Vermilion	4
Jefferson Davis	5	Vernon	6
Jefferson	1	Washington	9
Lafayette	4	Webster	7
Lafourche	3	West Baton Rouge	2
LaSalle	6	West Carroll	8
Lincoln	8	West Feliciana	2
Livingston	9	Winn	6
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